

**CALIFORNIA-NEVADA SECTION, AWWA
LARRY C. LARSON SAFETY AWARD**

Utility Name _____

Utility Address _____

Utility Phone _____

General Manager _____

Submitted by _____

Number of Employees (2006) _____

Number of Employee Hours (2006) _____

SAFETY RECORD

	<u>Number of Disabling Injuries</u>	<u>Employee days charged to injuries</u>
<u>Year</u>		
2002	_____	_____
2003	_____	_____
2004	_____	_____
2005	_____	_____
2006	_____	_____

Reason why applicant is nominated for this award:
(Please complete the attached supplemental data sheet)

California-Nevada Section, AWWA

Supplemental Data Sheet for the Larry C. Larson Safety Award

The following information will be used by the CA/NV Section Safety Committee to evaluate water utilities and individuals nominated for the Larry C. Larson Safety Award. The complete form should be attached to the nominated form and submitted to the Section's Safety Sub-Committee Chair.

Utility Name _____

I. Type of Work (Estimate the number of employees or percent of work force in the following classifications

- a) Administrative & Office _____
- b) Construction _____
- c) Distribution _____
- d) Treatment _____
- e) Other (specify) _____

II. Safety Program

- a) Does the utility have a formal safety program? Y N
- b) If yes, how long has it been in effect? _____
- c) Is the Utility's Safety Officer full-time? Y N
- d) If part-time, what other function does he/she have? _____

- e) Which of the following items are part of the safety activity?
 - Is there a safety committee? Y N
 - If yes, how often are meetings held? _____
 - Safety Manual? Y N
 - Safety Posters? Y N

Supplemental data continued:

Weekly Safety Talks?	Y	N
Employee Safety Award?	Y	N
Safety Suggestion Program?	Y	N
Accident Review Board?	Y	N
List any other item used:	_____	

III Describe your Injury and Illness Prevention Program (IIPP)

IV Safety Training (check programs provided)

Defensive Driving First Aid CPR

Other (list) _____

V General Remarks (Describe outstanding achievements in areas of safety above and beyond what is required by Cal-OSHA & Fed OSHA)

VI Please include the name of your company's insurance handler, contact person and telephone number

Upon review, sub-committee may contact applicant for additional information

Return application to:

**Mr. Tim Tillery
Suburban Water Systems
1211 E. Center Court Drive
Covina, CA 91724-3603**